

07/01/2010 12:06 Johanna

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001/003

Division of Corporations

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**Florida Department of State**  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : UPCHURCH, BAILEY & UPCHURCH, P.A.  
Account Number : 075350000207  
Phone : (904) 829-9066  
Fax Number : (904) 825-4862

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: r.poore@yahoo.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**CYG, LLC**

Certificate of Status	0
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10 JUL -1 AM 9:51

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**G. MCLEOD**

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**CYG, LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/07/2003 and assigned  
Florida document number L03000029767.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

340 CBL DRIVE SUITE 103

ST. AUGUSTINE FL 32086

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

**Name of New Registered Agent:**

RUSSELL POORE

**New Registered Office Address:**

340 CBL DRIVE SUITE 103

*Enter Florida street address*

ST. AUGUSTINE FL

Florida

32086

*City*

*Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

*Russell Poore*  
If Changing Registered Agent, Signature of New Registered Agent

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	CINDY GROULX	340 CBL DRIVE SUITE 103 ST AUGUSTINE, FL 32086	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	RUSSELL POORE	340 CBL DRIVE SUITE 103 ST AUGUSTINE, FL 32086	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	SYDNEY POORE	340 CBL DRIVE SUITE 103 ST AUGUSTINE, FL 32086	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	COURTYARD FUNDING, LP	340 CBL DRIVE SUITE 103 ST AUGUSTINE, FL 32086	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
	N/A		<input type="checkbox"/> Add <input type="checkbox"/> Remove
	N/A		<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

N/A

N/A

N/A

N/A

Dated JUNE 30TH 2010



Signature of a member or authorized representative of a member

CINDY GROULX

Typed or printed name of signee

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